

EXHIBIT 46

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF VIRGINIA
ALEXANDRIA DIVISION

- - - - - x

NICHOLAS HARRISON and :
OUTSERVE-SLDN, INC., :
Plaintiffs, :

vs. : No. 1:18-cv-00641

JAMES N. MATTIS, In His : LMB-IDD
Official Capacity As Secretary:
of Defense; MARK ESPER, In His:
Official Capacity As the :
Secretary of the Army; and the:
UNITED STATES DEPARTMENT OF :
DEFENSE, :
Defendants. :

- - - - - x

RICHARD ROE, VICTOR VOE, and :
and OUTSERVE-SLDN, INC., :
Plaintiffs, :

vs. : No. 1:18-cv-01565

JAMES N. MATTIS, In His :
Official Capacity As Secretary:
of Defense; HEATHER A. WILSON, :
In Her Official Capacity as :
Secretary of the AIR FORCE; :
and the UNITED STATES :
DEPARTMENT OF DEFENSE, :
Defendants. :

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VIDEOTAPED 30(b)(6) DEPOSITION OF DEFENDANTS
GIVEN BY AUDRA L. TAYLOR

DATE: Friday, March 1, 2019

TIME: 10:17 a.m.

LOCATION: Winston & Strawn
1700 K Street, N.W.
Washington, D.C.

Page 2

1 REPORTED BY: Denise M. Brunet, RPR
2 Reporter/Notary
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A P P E A R A N C E S

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(Appearances continued on the next page.)

1 APPEARANCES (continued):

2

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13 ALSO PRESENT: Solomon Francis, Videographer

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C O N T E N T S

EXAMINATION BY: PAGE:

Counsel for Plaintiffs	8
Counsel for U.S. Department of Justice	132
Counsel for Plaintiffs	136

TAYLOR DEPOSITION EXHIBITS: PAGE:

Exhibit 1 - Notice of Deposition in Harris	23
Exhibit 2 - Notice of Deposition in Roe	23
Exhibit 3 - Joint Trauma System Clinical Practice Guideline (JTS CPG)	81
Exhibit 4 - Armed Services Blood Program Medical Conditions List	116
Exhibit 5 - OraQuick Advance Rapid HIV-1/2 Antibody Test, Customer Letter	130

(*Exhibits attached to the transcript.)

P R O C E E D I N G S

THE VIDEOGRAPHER: Good morning. We are going on the record at 10:17 a.m. on March 1st, 2019. Please note that the microphones are sensitive and may pick up whispering, private conversations and cellular interference. Please turn off all cell phones or place them away from the microphones as they can interfere with the deposition audio. Audio and video recording will continue to take place unless all parties agree to go off the record.

This is media unit 1 of the video-recorded deposition of Colonel Audra L. Taylor taken by counsel for plaintiffs in the matter of Nicholas Harrison and Outserve-SLDN, Inc., plaintiffs, versus James N. Mattis, in his official capacity as Secretary of Defense, et al., defendants, and Richard Roe and Victor Voe and Outserve-SLDN, Inc., plaintiffs, versus James N. Mattis, in his official capacity as Secretary of Defense, et al., defendants, case numbers 1:18-CV-01565 and case number 1:18-CV-00641, filed in the United States District Court for the Eastern District of Virginia.

This deposition is being held at the law

1 Q Are individuals who have not been
2 pre-screened as donors ever used as part of the
3 walking blood bank?

4 A Not routinely. They are not the first
5 priority. The first priority is a screened donor.

6 Q But it's possible that a non-screened
7 donor could be used if screened donors were not
8 available or had been exhausted?

9 A Yes, that is possible.

10 Q Are donors of fresh whole blood to the
11 walking blood bank also sometimes called
12 battlefield donors?

13 A Not officially, but I won't say that
14 you've never seen that term. I could see someone
15 using it, but...

16 Q Let me ask this a different way. Is a
17 battlefield donor something different than a donor
18 through the walking blood bank?

19 A Not to me.

20 Q Are transfusions of fresh whole blood
21 sometimes called battlefield transfusions?

22 A Yes.

23 MR. ABBUHL: Counsel, could we take a
24 short break on the soon side?

25 MR. SCHOETTES: On the soon? Sure. Let

1 guideline -- is slightly different than the form
2 that is used in one of the donor centers for -- if
3 you were to walk in today and donate blood.

4 MR. SCHOETTES: I don't think we have the
5 form from the donor center, and I'd like to have
6 that.

7 MR. ABBUHL: Okay.

8 MR. SCHOETTES: And I think it's
9 responsive to one of our requests.

10 MR. ABBUHL: I'd have to double-check if
11 we produced it, but I'll look into it.

12 MR. SCHOETTES: Okay.

13 BY MR. SCHOETTES:

14 Q So you described blood being -- tubes of
15 blood from the unit being -- from the unit of
16 blood collected being sent to the United States
17 for testing. Are the tests that are performed on
18 those tubes of fresh whole blood the same as the
19 tests that would -- that are performed on blood
20 collected at a blood center?

21 A Yes.

22 Q And in addition, you indicated that rapid
23 testing was also conducted on fresh whole blood,
24 correct?

25 A Yes, to the greatest extent possible.

1 Q And for what transmitted TTDs are rapid
2 tests conducted?

3 A HIV, HCV, hep B surface antigen, malaria.

4 Q Is that it? Any others?

5 A That's it.

6 Q Is fresh whole blood FDA-approved?

7 A Not in theater.

8 Q And why is that?

9 A If you collect the donor and then
10 transfuse it before all of the FDA-required
11 testing is performed, it is not an FDA-licensed
12 product.

13 Q And so the rapid tests that are
14 performed, are those -- would those meet the
15 standard required by the FDA?

16 A No.

17 Q And the rapid tests are always performed,
18 but sometimes not completed before the blood is
19 transfused, correct?

20 MR. ABBUHL: Objection. I think assumes
21 facts not in evidence.

22 BY MR. SCHOETTES:

23 Q Let me ask this question: Are the rapid
24 tests always conducted on the fresh whole blood
25 collected in a deployed environment?

1 A I can't say that for certainty.

2 Q According to the standard operating
3 procedures, are the rapid tests supposed to be
4 performed for all fresh whole blood collected in a
5 deployed environment?

6 A To the greatest extent possible.

7 Q So explain to me what that means.

8 A That means if time is an issue and the
9 unit is needed before that testing can be
10 completed, it's a -- it's a medical decision and
11 the physician would assume responsibility for the
12 unit.

13 If it's a logistical issue and the
14 location doesn't have all of the rapid testing --
15 let's say they had one of the four kits or two of
16 the four, for whatever reason -- then they would
17 perform what they have. So to the greatest extent
18 possible, just -- they'll do what they can with
19 what they have in the amount of time they have.

20 However, testing would continue. So if
21 the transfusion goes and they have the kits,
22 they -- they should continue the testing.

23 Q So that's what I was trying to get at, I
24 think. So for the tests -- the rapid tests that
25 are available in a particular situation, they are

1 performed on the individual regardless of whether
2 the results are going to be available by the time
3 the blood is transfused?

4 A Correct.

5 MR. SCHOETTES: I could go a few more
6 questions or I could break now. Up to you.

7 THE WITNESS: You can go a few more, then
8 we can break.

9 MR. SCHOETTES: Actually, no. Let's
10 break -- let's break now.

11 THE VIDEOGRAPHER: The time is 11:27 a.m.
12 This completes media unit number 1. We are now
13 off the record.

14 (Whereupon, a short recess was taken.)

15 THE VIDEOGRAPHER: The time is 11:40 a.m.
16 This begins media unit number 2. We are now on
17 the record. Please proceed, Counsel.

18 BY MR. SCHOETTES:

19 Q When is the walking blood bank activated,
20 in what circumstances?

21 A It would be at the discretion of the --
22 of the physician. They would take into account
23 what products are on hand, the potential for
24 resupply of blood products, as well as the
25 condition of the patient. And then they would

1 make that decision to activate the walking blood
2 bank.

3 Q Is the decision always made on an
4 individual basis per patient?

5 A I don't know if you would want to confine
6 that per patient or per event. Like, it could be
7 more than one patient. So that would dictate
8 the -- the need to activate it if the number of
9 patients in an event or mass -- mass casualty are
10 going to go require more than what you have on
11 hand of what you can be resupplied within the time
12 frame.

13 Q And is a mass casualty event sometimes
14 referred to as a MASCAL?

15 A Yes.

16 Q And is that -- the acronym for that
17 M-A-S-C-A-L?

18 A All caps. Yes.

19 Q All caps. So what you've described would
20 be a situation where the walking blood bank was
21 activated based on injuries that had already
22 occurred?

23 A Right. An assessment of what -- what
24 they have coming in, yeah. So, yeah, they would
25 need to assess the injuries, know what they have

1 on hand blood-wise, and then make a decision.

2 Q Are decisions ever made to activate the
3 walking blood bank in anticipation of casualties?

4 A I don't know. I can't confirm or...

5 Q Does the supply of stored whole blood --
6 let me try again.

7 Is fresh whole blood generally used only
8 when the supply of stored whole blood has been
9 exhausted or is unavailable?

10 A Stored whole blood is fairly new into
11 theater. It's not a practice that's been going on
12 for years. So, yes, they -- they should use
13 stored whole blood before activating a walking
14 blood bank.

15 Q For how many years has stored whole blood
16 been used in theater?

17 A Is it 2019 -- within the last two years.

18 Q So stored whole blood was not used during
19 Operation Enduring Freedom?

20 A No, not -- it's called something else
21 now. So, no. No, it was not.

22 Q Did you say it was called something else?

23 A No, I'm saying it's -- you know how they
24 change the name of the campaigns? So when you
25 said Operation Enduring Freedom, no, it has not

1 historically been used in Operation Enduring
2 Freedom.

3 Q And was it used during Operation Iraqi
4 Freedom?

5 A Stored whole blood, no, not per clinical
6 practice guideline, no.

7 Q What about appropriate blood component
8 products? Are those generally exhausted or
9 unavailable before fresh whole blood is used?

10 A They should be exhausted, but again, I
11 believe the decision -- the medical decision is
12 made based on the number of casualties, the type
13 of injury, the casualties, and what the physician
14 feels is best for that casualty.

15 So depending on the nature of the -- the
16 injury and how many -- I think that they -- they
17 have to make that decision. They're not going to
18 exhaust the entire supply of components, I don't
19 believe, because you don't know what's coming in
20 next. So you have to take a lot of factors into
21 consideration when you decide to activate the
22 walking blood bank and collect fresh units.

23 Q And are there some injuries for which
24 blood component products might be better than
25 fresh whole blood?

1 Q Actually, I should rephrase that.

2 Ideally the test results are obtained before the
3 blood is used, correct?

4 A Correct.

5 Q Under what circumstances would the blood
6 be used before the results of the rapid screening
7 tests are obtained?

8 A The patient's condition and the
9 physician -- the physician requesting the unit
10 immediately.

11 Q So presumably, it would be at a point
12 where the need for that unit of blood exceeds the
13 risk of a TTI at that point?

14 A Yes.

15 Q If a unit has not been used prior to
16 obtaining a result, what happens to the units that
17 return a positive result after rapid testing for
18 any of these conditions?

19 A Say that again.

20 Q If a unit has not been transfused -- and
21 we're talking about in the context of the walking
22 blood bank -- and then a positive result occurs on
23 the blood that was tested from that unit, what
24 happens to the unit of blood?

25 A Quarantined and destroyed.

1 A FF -- which product is on the horizon
2 or --

3 Q Yes.

4 A -- which one would be augmented?

5 Q Which one would be augmented?

6 A Fresh frozen plasma would be augmented
7 with freeze-dried plasma. That's a product that's
8 on the horizon. So I don't want to -- I
9 wouldn't -- I wouldn't say substitute, because
10 that's not the plan to substitute one of the
11 current components with something, but it's a
12 product that doesn't require the extensive cold
13 chain management and something that could go to
14 POI.

15 Q Point of injury?

16 A Point of injury, yes.

17 Q When it is used, the -- this new product
18 for plasma, freeze-dried plasma, would it be used
19 on its own or would it need to be combined with
20 some liquid plasma?

21 A It would not be combined with liquid
22 plasma because FFP, liquid plasma and freeze-dried
23 plasma are all plasma products. The liquid plasma
24 and the FFP require freezer, refrigerators, the
25 cold chain management. Freeze-dried plasma would

1 not. So it would be in that plasma suite of
2 products that would be available.

3 Q I guess what I'm trying to ask is, when
4 you said augmented, it isn't that you would use
5 freeze-dried plasma to augment a unit of fresh
6 frozen plasma. It is that you're augmenting the
7 supply?

8 A Yes. Yes.

9 Q What specific infections would be tracked
10 in terms of transfusion-transmitted infections
11 that have resulted through the walking blood bank?

12 A Any of the -- any of the tests that we
13 screen the supply for would be tracked.

14 Q So HIV, HBV, HCV --

15 A Correct.

16 Q -- et cetera?

17 A Correct.

18 Q Have there been any documented
19 transmissions of HIV through the Armed Services
20 Blood Program blood supply in the past ten years?

21 A Not that I'm aware of.

22 Q In the past 20 years?

23 A I don't know.

24 Q What about HBV? Have there been any
25 transmissions of HBV through the Armed Services

1 Blood Program blood in the past 20 years?

2 A Not that I'm aware of.

3 Q Have there been any transmissions of HTLV
4 through the Armed Services Blood Program in the
5 past 20 years?

6 A I believe there is one case potentially
7 linked to the transfusion.

8 Q Have there been any transmissions of HCV
9 through the Armed Services Blood Program in the
10 past 20 years?

11 A Maybe one. And I don't know for certain
12 if either one of those was definitely linked to
13 the transfusion or suspected. I'm not sure.

14 Q Is testing for HBV required prior to
15 deployment?

16 A I don't know.

17 Q I'm going to ask you some questions about
18 the process by which diagnostic and other blood
19 tests are handled for service members who are
20 deployed --

21 A Okay.

22 Q -- to foreign bases, including those in
23 combat zones. If an individual needs a blood
24 sample tested -- let's say they needed an HIV
25 viral load test done --

1 A -- products won't reach their destination
2 in the correct --

3 Q At the correct temperature.

4 A At the correct temperature, no.

5 MR. SCHOETTES: One last thing. We're
6 going to mark this as Exhibit 5.

7 (Taylor Deposition Exhibit Number 5 was
8 marked for identification.)

9 BY MR. SCHOETTES:

10 Q Do you recognize Exhibit 5?

11 A Yes.

12 Q What is it?

13 A It's the OraQuick Advance Rapid HIV-1/2
14 Antibody Test customer letter.

15 Q Is this the insert that you were
16 describing earlier?

17 A Yes.

18 Q If you could turn to page 2.

19 A Uh-huh.

20 Q And under biological principles of the
21 test --

22 A Uh-huh.

23 Q -- it says, "The OraQuick Advance Rapid
24 HIV-1/2 Antibody Test is a manually performed,
25 visually read, 20-minute immunoassay for the

1 qualitative detection of antibodies to HIV-1 and
2 HIV-2 in human oral fluid, whole blood obtained
3 from a finger puncture or a venipuncture, and
4 plasma," correct?

5 A Correct.

6 Q Is it the case, then, that this test is
7 one that can be -- results can be obtained
8 within -- at 20 minutes?

9 A Per the package insert, yes. It says 20
10 minutes.

11 Q If you'll turn to page 10, the paragraph
12 underneath the chart, table 3 --

13 A Uh-huh.

14 Q -- talks about the sensitivity of the
15 OraQuick Advance Rapid HIV-1/2 antibody test in
16 these studies was calculated to be 536 divided by
17 538, which is equal to 99.6 percent.

18 Do you agree that 99.6 percent is the
19 sensitivity of the HIV rapid test used in the
20 walking blood bank?

21 A Yes.

22 MR. SCHOETTES: I am done.

23 MR. ABBUHL: We're going to need to take
24 a few minutes, but before going off the record, I
25 just want, before I forget, say that we will

1 reserve our right to read and sign the transcript.

2 But if we can go off the record for just
3 a bit while we confer.

4 MR. SCHOETTES: Sure.

5 THE VIDEOGRAPHER: The time is 1:57 p.m.
6 We are going off the record.

7 (Whereupon, a short recess was taken.)

8 THE VIDEOGRAPHER: The time is 2:21 p.m.
9 We are back on the record. Please proceed,
10 Counsel.

11 EXAMINATION BY COUNSEL FOR
12 THE U.S. DEPARTMENT OF JUSTICE
13 BY MR. ABBUHL:

14 Q Colonel, if you could please pick up the
15 document marked Exhibit 5 in front of you and turn
16 to page 10. This is the document about the rapid
17 test for HIV, correct?

18 A Correct.

19 Q And if you look at the text below
20 table 3, it says that -- it essentially says that
21 the sensitivity of the HIV test was about
22 99 percent, correct?

23 A Correct.

24 Q Do you know the conditions under which
25 that sensitivity was measured?

1 A No.

2 Q Do you know if it was measured in a
3 battlefield environment?

4 A No. I don't know.

5 Q Okay. You can put away Exhibit 5 for
6 now.

7 You've discussed various testing and
8 precautions that are done to protect the blood
9 supply; is that correct?

10 A Correct.

11 Q And you testified that those protections
12 are done to the extent possible, correct?

13 A Correct.

14 Q So there are situations where tests might
15 not happen that you would do in an ideal
16 situation, correct?

17 A Correct.

18 Q And there's screening that you might do
19 in an ideal situation, but sometimes, in a
20 military situation, you might not be able to do
21 it; is that correct?

22 A Correct.

23 Q Is that particularly true in situations
24 involving being near a battlefield?

25 A Yes.

1 Q If you could also look at Exhibit 3,
2 which is in front of you. This is the joint
3 trauma system clinical practice guideline,
4 correct?

5 A Correct.

6 Q Could you please turn to page 17? Could
7 you remind me what page 17 is?

8 A It's the blood donor pre-screening SOP
9 enclosure 1, ASBP 572, emergency whole blood
10 (front).

11 Q And at the bottom of the page, there's a
12 place for donor's signature; is that correct?

13 A Correct.

14 Q And could you please read the text above
15 that line, please?

16 A "I verify"? That part?

17 Q Yes.

18 A "I verify that I have answered the
19 questions honestly, I had an opportunity to ask
20 questions. I consent to donating blood today and
21 I feel my blood is safe to be transfused. If I am
22 donating a unit of whole blood today, my blood
23 will not be tested for viral diseases prior to
24 transfusions due to the emergency situation. If
25 for any reason I feel that my blood may not be

1 safe, I will not donate today."

2 Q Did you testify earlier that a donor
3 should sign that line before donating blood?

4 A They should.

5 Q Are there instances where blood would be
6 collected without a signature on this form?

7 A Yes.

8 Q And if you would also on that same
9 page -- there's a footer at the very bottom. Do
10 you see that?

11 A Yes.

12 Q Could you please read the footer?

13 A Are you talking about the blue?

14 Q Yes, the blue text.

15 A "Guideline only/not a substitute for
16 clinical judgment."

17 Q Thank you. And you can also put that
18 exhibit down.

19 Earlier in your testimony, you said if
20 someone was permanently deferred from donating
21 blood, they would not be recruited to donate
22 blood; is that correct?

23 A Correct.

24 Q That is what you testified to earlier,
25 correct?

1 A I believe so, yes.

2 Q Are there any military situations where
3 you would transfuse blood before screening it?

4 A I'm not sure I --

5 Q Is it possible that a blood transfusion
6 would take place in the military without it having
7 been screened and then you could screen the
8 transfusion afterward?

9 A In theater?

10 Q Correct.

11 A In a theater situation?

12 Q Is it possible?

13 A You're asking is it possible for a
14 transfusion to take place prior to screening of
15 the unit or the donor or --

16 Q Of the blood being transfused.

17 A Yes. A transfusion can take place prior
18 to the screening --

19 MR. ABBUHL: I have no further questions.

20 THE WITNESS: -- being completed.

21 MR. SCHOETTES: I just have one or two.

22 FURTHER EXAMINATION BY COUNSEL FOR PLAINTIFFS
23 BY MR. SCHOETTES:

24 Q Going back to Exhibit 3, page 17, you
25 just testified that there would be some instances

1 in which blood would be donated without the --
2 there could be instances in which the blood would
3 be donated without the signature of the donor on
4 this form. Can you tell me in what instances?

5 A I believe there are -- well, I used -- I
6 think I used the word "should." It should be
7 signed. There could be instances, maybe at a --
8 at a role two, if they urgently, you know, based
9 on the number of personnel, the number of
10 casualties and the scenario or the situation where
11 they might not be able to get everything completed
12 and signed ahead of time.

13 There could be even at point of injury,
14 if they are to take like one of the pre --
15 pre-made kits that are available on the market and
16 they're going out and they need to collect, I
17 believe there's a form, a donor questionnaire in
18 those kits should be signed, but, you know,
19 depending on what the scenario is and how it's
20 going, it may or may not be signed. So I just
21 think it's situation and scenario-driven. It
22 should be -- to the greatest extent possible, they
23 should all be screened, they should all answer all
24 the questions, have a chance to ask their
25 questions, but I can't for certainty say that that

1 happens 100 percent of the time.

2 Q Have you ever been in a situation where
3 the blood -- the walking blood bank was being used
4 in which a form like this was not signed?

5 A Not that I recall. With the combat
6 support hospital, no. As the JBPO, you're not --
7 I wasn't that -- I wasn't close to the situations,
8 so I'm not certain if there were any that happened
9 without the signature on the 572.

10 Q And then, just a clarifying a question.
11 Counsel asked you if there could be a blood
12 donation in the military without screening. In
13 your answer, you talked about screening of the
14 donor or screening of the blood. Were you indeed
15 talking about without the blood being tested?

16 A Yes. That's the way I interpreted the
17 question.

18 MR. SCHOETTES: That's all I have.

19 MR. ABBUHL: We will -- again, we'd like
20 to be able to review the record and sign it.

21 THE VIDEOGRAPHER: The time is 2:30 p.m.
22 This conclude today's testimony given by Colonel
23 Audra L. Taylor. We are now off the record.

24 Whereupon, at 2:30 p.m., the deposition
25 of AUDRA L. TAYLOR was concluded.)

CERTIFICATE OF NOTARY PUBLIC

I, Denise M. Brunet, the officer before whom the foregoing deposition was taken, do hereby certify that the witness whose testimony appears in the foregoing deposition was sworn by me; that the testimony of said witness was taken by me stenographically and thereafter reduced to print by means of computer-assisted transcription by me to the best of my ability; that I am neither counsel for, related to, nor employed by any of the parties to this litigation and have no interest, financial or otherwise, in the outcome of this matter.



Denise M. Brunet

Notary Public in and for

The District of Columbia

My commission expires:

December 14, 2022

Page 140

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March 18, 2019

To: Joshua Abbuhl, Esq.

Case Name: Roe, Richard, et al. v. Shanahan, Patrick M., Et Al.

Veritext Reference Number: 3235702

Witness: Audra L. Taylor Deposition Date: 3/1/2019

Dear Sir/Madam:

Enclosed please find a deposition transcript. Please have the witness review the transcript and note any changes or corrections on the included errata sheet, indicating the page, line number, change, and the reason for the change. Have the witness' signature notarized and forward the completed page(s) back to us at the Production address shown above, or email to production-midwest@veritext.com.

If the errata is not returned within thirty days of your receipt of this letter, the reading and signing will be deemed waived.

Sincerely,
Production Department

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DEPOSITION REVIEW
CERTIFICATION OF WITNESS

ASSIGNMENT REFERENCE NO: 3235702

CASE NAME: Roe, Richard, et al. v. Shanahan, Patrick M.

DATE OF DEPOSITION: 3/1/2019

WITNESS' NAME: Audra L. Taylor

In accordance with the Rules of Civil Procedure, I have read the entire transcript of my testimony or it has been read to me.

I have made no changes to the testimony as transcribed by the court reporter.

16 April 2019
Date

Audra L. Taylor
Audra L. Taylor

Sworn to and subscribed before me, a Notary Public in and for the State and County, the referenced witness did personally appear and acknowledge that:

They have read the transcript;

They signed the foregoing Sworn Statement; and

Their execution of this Statement is of their free act and deed.

I have affixed my name and official seal

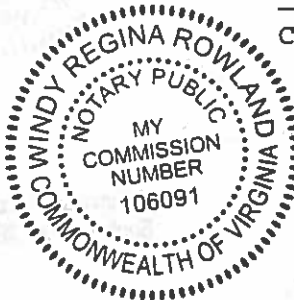
this 16th day of April, 2019.

Windy Regina Rowland

Notary Public

September 30, 2020

Commission Expiration Date



My Commission Expires
September 30, 2020

DEPOSITION REVIEW
CERTIFICATION OF WITNESS

ASSIGNMENT REFERENCE NO: 3235702

CASE NAME: Roe, Richard, et al. v. Shanahan, Patrick M.

DATE OF DEPOSITION: 3/1/2019

WITNESS' NAME: Audra L. Taylor

In accordance with the Rules of Civil Procedure, I have read the entire transcript of my testimony or it has been read to me.

I have listed my changes on the attached Errata Sheet, listing page and line numbers as well as the reason(s) for the change(s).

I request that these changes be entered as part of the record of my testimony.

I have executed the Errata Sheet, as well as this Certificate, and request and authorize that both be appended to the transcript of my testimony and be incorporated therein.

16 April 2019
Date

[Signature]
Audra L. Taylor

Sworn to and subscribed before me, a Notary Public in and for the State and County, the referenced witness did personally appear and acknowledge that:

They have read the transcript;
They have listed all of their corrections in the appended Errata Sheet;
They signed the foregoing Sworn Statement; and
Their execution of this Statement is of their free act and deed.

I have affixed my name and official seal this 16th day of April, 2019.

[Signature]
Notary Public

September 30, 2020
Commission Expiration Date



My Commission Expires
September 30, 2020

ERRATA SHEET

VERITEXT LEGAL SOLUTIONS MIDWEST

ASSIGNMENT NO: 3/1/2019

PAGE/LINE(S) /	CHANGE	/REASON
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89 / 12	Alginate to Allogeneic	not spelled correctly
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123 / 1	FEO to FDP	acronym
---------	------------	---------

123 / 2	Freeze Dried Plasma	missing word
---------	---------------------	--------------

34 / 21	Collect	missing word
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35 / 6 and 7	Units are shipped from our	
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	donor centers to these distribution	
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	centers.	
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	Note: can use "shipped via Fed Ex"	
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16 April 2019

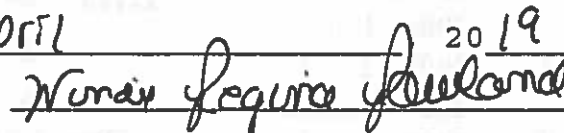
Date



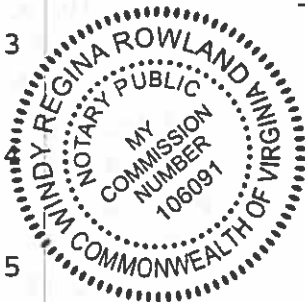
Audra L. Taylor

SUBSCRIBED AND SWORN TO BEFORE ME THIS 16th

DAY OF April 2019



Notary Public



September 30, 2020

My Commission Expires
September 30, 2020

Commission Expiration Date

[& - abbuhl]

Page 1

&	14 139:21	202 3:19	572 51:11 53:2
& 1:23	14541 139:15	2022 139:21	80:22 95:4,18
0	15 70:21 71:6 90:6	20301 4:9	96:18 134:9 138:9
00641 1:6 6:22	107:8	216-523-1313	6
01565 1:13 6:22	15-6 12:7,10	140:3	6 1:19 38:12 69:18
1	1600 4:7	22 85:20 86:9	60603 3:8
1 1:21 5:8 6:12	17 96:15,17 134:6	23 5:8,9	65 39:19
23:2,3,23 38:12,16	134:7 136:24	24 24:25	663-4413 3:9
57:12 98:18 131:1	1700 1:24 7:2	28th 22:4,6,10	7
134:9	18 39:11,13 107:23	2:21 132:8	703 4:10
1/2 5:14 130:13,24	114:1 140:4	2:30 138:21,24	7700 8:15
131:15	1820 140:2	3	8
10 38:16 90:6	1994 13:4,15	3 5:10 64:13 81:1	8 5:3 98:14
105:15 131:11	1:15 115:2	81:2 94:12 96:16	81 5:11
132:16	1:18 1:6,13 6:22	96:17 115:7	9
100 83:24 109:4	6:22	131:12 132:20	90 86:23 87:6,10
138:1	1:30 114:24 115:6	134:1 136:24	99 132:22
1008 3:7	1:57 132:5	3/1/2019 140:8	99.6 131:17,18
10:17 1:22 6:3	1st 6:3	141:3 142:3 143:2	a
11 3:6	2	30 1:19 69:18	a.m. 1:22 6:3
1100 140:1	2 5:9 23:11,12	312 3:9	57:11,15 65:1,4
1101 3:17	25:11 57:16 85:25	3235702 140:7	ab 42:1
116 5:13	86:11,16 94:24	141:2 142:2	abbreviated 40:22
11:27 57:11	98:7,12,13,25 99:5	353-4537 3:19	53:1,17
11:40 57:15	99:8 115:3 130:18	365 87:10	abbuhl 3:13 7:12
11:52 65:1	131:2	3b688 4:8	7:12 24:12 26:21
11:59 65:4	20 16:15 23:25,25	4	28:9,22 29:4,11,21
12 106:15,19,21	24:4 124:22 125:1	4 5:12 64:23 81:13	29:24 30:3 31:13
107:24 108:6,20	125:5,10 130:25	116:20,21,24	38:6 47:16 48:21
109:7,16,24 110:7	131:8,9 141:16	118:3	48:25 50:23 51:4
110:12,19 111:6,8	142:22 143:22	4.0 86:15	53:22 54:7,10
111:19 116:10,10	20005 3:18	44114 140:2	55:20 64:16,18,22
120 33:10 65:20	2004 13:6	5	69:17 71:10 74:8
87:3	2008 22:19	5 5:14 78:18 82:17	77:23 78:21 79:5
13 25:12 94:8 98:4	2009 22:12,20	130:6,7,10 132:15	83:8 86:3,10
98:6,7	2010 21:25	133:5	88:25 94:4,9
130 5:15	2013 21:5,7	536 131:16	99:21 102:7 118:8
132 5:4	2014 18:13 19:1	538 131:17	119:5 129:20
136 5:5	2018 13:25 16:14	571-0802 4:10	131:23 132:13
	2019 1:21 6:4		
	59:17 140:4		